

# Product Order Form & Distributor Application



**Enagic USA, Inc.**  
 Headquarters  
 4115 Spencer St., Torrance, CA 90503  
 Phone: (310) 542-7700 / FAX: (310) 347-4447  
 Toll Free: (866) 261-9500 / goc.usa@enagic.com

## Machine Single Payment

**PRINT CLEARLY**

OFFICE USE ONLY <Do NOT Fill In>

### \*Applicant Information

|   |                               |                                 |   |       |          |
|---|-------------------------------|---------------------------------|---|-------|----------|
| <b>NAME</b>   | First Name or Company Name    | Middle Name (or Middle Initial) | Application Date:   |       |          |
|   | Last Name(s)                  |                                 | Are you currently an Enagic Distributor?<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes ENAGIC ID # |       |          |
| Driver's License #  | State                         | Date of Birth                   |   |       |          |
| Mailing Address (must match W9)                             |                               |                                 | City  | State | Zip Code |
| SS#   |                               |                                 | Phone Number  |       |          |
| Cell Number   | Fax Number                    | Email Address                   |   |       |          |
| Billing Address (if different from mailing address)         |                               |                                 | City  | State | Zip Code |
| Shipping Address (if different from mailing address)<br>C/O |                               |                                 | Phone Number  |       |          |
| Address   |                               |                                 | City  | State | Zip Code |
| Delivery Method   | <input type="checkbox"/> Ship |                                 |   |       |          |

### \*Enroller (if applicable) and Sponsor Information

|  |             |              |
|--|-------------|--------------|
| Enroller Name  | Enroller ID | Phone Number |
| Sponsor Name <input type="checkbox"/> Same as above  |             |              |
| <div style="border: 2px solid black; padding: 5px; display: inline-block;">                 REGISTER THIS APPLICANT AS YOUR [     ] A<br/>                 Under Sponsor ID Number:             </div> |             |              |
| Phone Number   |             |              |

| ITEM ORDERED                | PAYMENT AMOUNT  |
|-----------------------------|---|
|                             |   |
| <b>Product Retail Price</b> | \$ _____ + _____ + _____ = \$ _____<br>Unit Price                      Tax                      Shipping                      Total |
| \$                          |   |

### \*Payment Information : CREDIT CARD

For security purposes, we will send you a link to add credit card information. The link will be sent to the email address you provided on this application. Please make sure it is written clearly to avoid any delays.

\*Track your shipment using the tracking number provided. If more than 20 DAYS have elapsed since your purchase date, contact Enagic USA IMMEDIATELY by emailing support@enagic.com or by calling (424) 307-0005 during normal business hours. Enagic USA will not be responsible for any claims after 25 DAYS from the confirmed delivery date.

\*\*\* Please fill out Alternate Payer Form if someone beside the applicant will be making payment. \*\*\*

Note: An applicant will be able to become a distributor with the purchase of Tokurei Sales Kit.

**I certify that I have been furnished a copy of, and have read, understand, and agree to the provisions in Enagic USA, Inc.'s Policies and Procedures manual, which (with any amendments or restatements furnished by Enagic USA after this date) are hereby incorporated by reference as if fully set forth herein and set forth the exclusive terms and conditions of my agreement with Enagic USA, Inc.**

I hereby certify that the information provided on this form is complete and accurate to the best of my knowledge. I authorize ENAGIC USA, INC to debit the amount I have indicated above from my credit card.

By signing the line below, you are acknowledging that you have read and understood the terms and conditions.

Terms and conditions are subject to change without notice. If your payment comes back for any reason, Enagic may offset the payment amount from your commissions. **FOR ALTERNATE PAYERS: By signing Alternate Payer Form, you will be jointly responsible for any and all balance owing on the account.** This agreement is governed by the laws of California and proper venue will be in a court of competent jurisdiction located nearest to the Company's headquarters.

|   |   |
|---|---|
| Print Applicant Name (Company and Agent name if signed behalf of a company) | Print Sponsor Name (Company and Agent name if signed behalf of a company) |
| Applicant Signature   | Sponsor Signature   |
| Date  | Date  |